



**Lassen County  
Mental Health Services Act  
Two-Year Program &  
Expenditure Plan  
FY 2024-2026**

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## MHSA COUNTY COMPLIANCE CERTIFICATION

<p><b>County Mental Health Director</b>  <b>Name:</b> Tiffany Armstrong  <b>Telephone:</b> 530-251-8108  <b>Email:</b> tarmstrong@co.lassen.ca.us</p>	<p><b>Program Lead</b>  <b>Name:</b> Nichole Bond  <b>Telephone:</b> 530-251-8108  <b>Email:</b> nbond@co.lassen.ca.us</p>
<p><b>Mailing Address</b>                  Lassen County Behavioral Health                  555 Hospital Lane                  Susanville, Ca 96130</p>	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that, the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and non-supplantation requirements.

This two-year plan has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The two-year plan and expenditure update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on

\_\_\_\_\_.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

County Behavioral Health Director (PRINT)	Signature	Date
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County: Lassen

**MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION**

County: Lassen	<input checked="" type="checkbox"/> Two-Year Program and Expenditure Plan <input type="checkbox"/> Annual Update <input type="checkbox"/> Annual Revenue and Expenditure Report
<p><b>County Mental Health Director</b>  <b>Name:</b> Tiffany Armstrong  <b>Telephone:</b> 530-251-8108  <b>Email:</b> tarmstrong@co.lassen.ca.us</p>	<p><b>Program Lead</b>  <b>Name:</b> Nichole Bond  <b>Telephone:</b> 530-251-8108  <b>Email:</b> nbond@co.lassen.ca.us</p>
<p style="text-align: center;"><b>Mailing Address</b>                  Lassen County Behavioral Health                  555 Hospital Lane                  Susanville, Ca 96130</p>	

I hereby certify that the Two-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/revenue and expenditure report is true and correct to the best of my knowledge.

_____ County Behavioral Health Director (PRINT)	_____ Signature	_____ Date
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I hereby certify that for the fiscal year ended June 30, 2024, that Lassen County has maintained an interest-bearing local Mental Health Services (MHSA) Fund (WIC 5892(f)); and that Lassen County financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2022. I further certify that for the fiscal year ended June 30, 2024, the State MHSA distributions were recorded as revenues in the local MHSA Fund; that Lassen County MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County has complied with WIC section 5891(a), in that local MHSA funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

\_\_\_\_\_  
County Auditor Controller (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

These forms will be signed after public comments have been incorporated and once the plan has been finalized and approved by the Board of Supervisors.

## Overview

Lassen County began the Community Program Planning (CPP) process for its Mental Health Services Act (MHSA) Two-Year Program and Expenditure Plan 2024-2026 in January 2024. The purpose of this plan is to describe Lassen County's CPP process, provide an assessment of the needs identified and prioritized via stakeholder process, and the proposed programs and expenditures to support a robust mental health system based in wellness and recovery. This plan includes the following sections:

- Overview of the community planning process that took place in Lassen County in January and February 2024. Lassen County's CPP was built upon the meaningful involvement and participation of mental health consumers, family members, county staff, providers, and other stakeholders.
- Assessment of mental health needs that identifies both strengths and opportunities to improve the mental health services system in Lassen County. The needs assessment used multiple data sources, including services data and public comments to identify the services gaps which will be addressed by Lassen County's proposed MHSA programs for FY 2024-2026.
- Description of Lassen County's MHSA programs by component which includes a detailed explanation of each program, its target population, the mental health needs it addresses, and the goals and objectives of the program. This section of the plan also provides information on the expected number of unduplicated clients served and the program budget amount.

This report will provide a summary of the programs and activities that have been made possible through MHSA. The goal of the MHSA is to transform the community behavioral health system in California. Lassen County Behavioral Health (LCBH) has been actively working towards that goal since the passage of MHSA in 2004. While there is still so much to do, a significant amount of positive change has occurred.

Critical to the success of our MHSA services has been the participation and dedication of our staff, stakeholders, community partners and providers. Through collaborative efforts, we have developed a range of programs and services including those that support our clients and their families as well as education programs and resources that benefit our Lassen County communities. We are committed to providing quality care and services for our residents and we remain attentive to assure that we exercise sound fiscal management so that MHSA dollars are spent in the most effective manner.

## Mental Health Services Act Background

In November of 2004, California Voters passed Proposition 63, the Mental Health Services Act (MHSA). The MHSA imposes a one percent (1%) tax on individuals with a personal income in excess of \$1,000,000. Each county receives a percentage of the funds that are collected.

According to the goals of the MHSA, the funds are available to transform the county's mental health system into one that is consumer and family driven, recovery oriented with services that are accessible, and provided in a manner that is culturally competent and appropriate for the population served.

The MHSA established five (5) components that address specific goals for priority populations and key community mental health needs. The first component, Community Services and Supports (CSS), focuses on the development of recovery-oriented services for children, youth, adults and older adults with serious mental illness. Prevention and Early Intervention (PEI) is the second component. PEI's focus is on education, supports, early interventions and a reduction in disparities for underserved groups seeking access to mental health services. The remaining components, Innovation (INN), Workforce Education and Training (WET) and Capital Facilities serve to introduce new and creative ways of addressing community mental health needs, support the development of well-trained, qualified and diverse workforce and strengthen the foundation of the mental health system.

### MHSA Legislative Changes

The development of services and programs for each component is a collaboration of individuals and organizations that bring expertise and experience that enrich the community planning process. Over the past several years, Lassen County Behavioral Health held planning meetings and conducted focus groups to solicit input and gather information from consumers and community partners. On March 24, 2011, Governor Brown signed in law AB 100 which deleted the requirement that the Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) review and approve county MHSA plans. The approval of MHSA plans lies with the County Board of Supervisors.

On September 14, 2022, Governor Gavin Newsom signed the CARE Act into effect. Community, Assistance, Recovery, and Empire (CARE) Court, has the goal of providing individuals with housing and supportive services in their communities, while working to prevent hospitalization and/or institutions. CARE Court is a civil court process that begins with a referral to a court appointed support person. CARE Court

services can last up to twenty-four (24) months and with the thought process that individuals can be stabilized with a community-based care setting with treatment and support.

On March 5, 2024 Proposition 1, The Behavioral Health Services Program and Bond Measure was passed. Proposition 1 will recast MHSA by renaming it the Behavioral Health Services Act (BHSA), expanding it to include treatment of substance use disorders, changing the county planning process, and expanding services for which counties and the state can use funds. The bill would revise the distribution of MHSA moneys, and would authorize the department to require a county to implement specific evidenced-based practices.

### MHSA Program Components

MHSA consist of five (5) components, each of which addresses specific goals for priority populations, key community mental health needs, and age groups that require special attention. The programs developed under these components draw on the expertise and experience of behavioral health and primary health care providers, community-based organizations of all types, school districts, community programs and centers, institutions of higher education, law enforcement and the judicial system, and local government departments and agencies. The five (5) programs are:

- Community Services & Supports
- Prevention & Early Intervention;
- Capital Facilities & Technology;
- Workforce Education & Training;
- Innovation;



## County Demographics

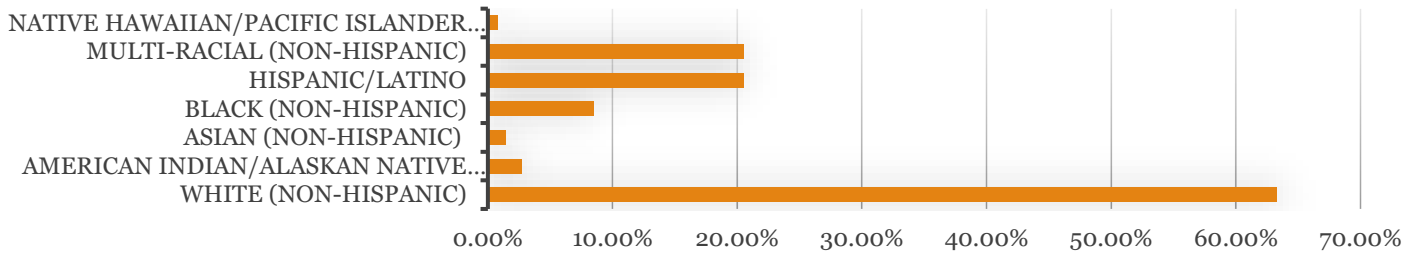


Lassen County is located in the northeastern portion of California with a population of 32,730 (2020 US Census Data). Geographically, it is among the largest counties in California incorporating 4,547 square miles. The county's terrain consists of forestland and high desert plateaus. Susanville is the county seat and the main population center. Susanville is located near the center of Lassen County and approximately 80 miles north of Reno, Nevada. There are other small-unincorporated outposts throughout the county. They include Bieber, some 80 miles to the north of Susanville, and three small-

unincorporated towns over 70 miles from Susanville to the northeast with a population of about 1,390. Westwood is 22.6 miles to the west of Susanville with a population of about 1541, and Herlong 40 miles to the south with a population of about 928. Major routes leading to Susanville include Highway 395 from the south and Highway 36 from the west and a minor road Highway 139 leads to the Bieber / Big Valley area. Severe winter weather frequently affects travel on these highways making travel from outlying areas difficult or impossible. Public transportation is available on a limited basis within the Susanville area, transportation services to the outlying areas are generally limited to morning, and evening service runs.

Lassen County has a population of about 32,730, However, it is important to note that there is one California State Prison (High Desert State Prison) and one Federal Prison (Federal Correctional Institution – Herlong) and the population of these facilities are included when census information is collected. Individuals housed in correctional institutions will not be able to access the services offered by Lassen County Behavioral Health as each institution have in-house services to offer those individuals. Previously, Lassen County housed another State Prison (California Correctional Center) but due to its deactivation in June of 2023, there has been a population decrease of Lassen County.

### Lassen County Demographics

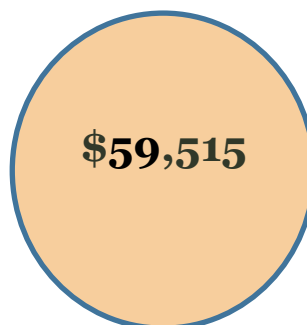
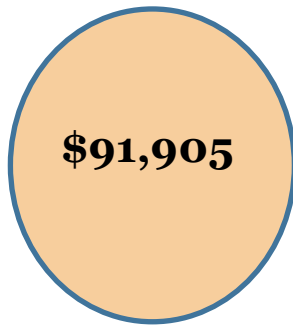


	White (Non-Hispanic)	American Indian/Alaskan Native (Non-Hispanic)	Asian (Non-Hispanic)	Black (Non-Hispanic)	Hispanic/Latino	Multi-Racial (Non-Hispanic)	Native Hawaiian/Pacific Islander (Non-Hispanic)
■ Lassen County Demographics	63.30%	2.70%	1.40%	8.50%	20.50%	20.50%	0.80%

The economy of Lassen County is primarily supported by government services, the community hospital and the community junior college. The county hosts three prisons, High Desert State, California Correctional Center and Herlong Federal Prison. It should be noted, the US Census data incorporates data from the three prison systems, which skews Lassen County data (i.e. population, ethnicity, and gender) as it relates to general population services.

### Median Income 2018-2022

**State of California  
Median Income  
2018-2022**



**Lassen County  
Median Income  
2018-2022**

## **Lassen County Behavioral Health Strengths and Challenges**

### Strengths

- Lassen County moved to a new electronic health record (Credible) July 2023, with the goal of reducing challenges and limitation that were present with the last electronic health record system.
- Lassen County was approved for the Behavioral Health Bridge Housing grant. This grant will provide funding to county behavioral health agencies and Tribal entities to operate bridge housing settings to address the immediate housing needs of people experiencing homelessness who have serious behavioral health conditions, including serious mental illness (SMI) and/or substance use disorder (SUD).
- Lassen County is hosting monthly Cultural Humility meetings. The meetings are a collaboration with other agencies to discuss upcoming community events to identify gaps in services to unserved and underserved populations, complete outreach events, and reduce stigma and discrimination.

### Challenges

- Recruitment and retention of trained Clinicians and Psychiatrists is extremely challenging in Lassen County. With the passage of the Affordable Care Act (ACA), the expansion of behavioral health services and the resulting provider shortages across the state, Lassen County faces increasing challenges recruiting and retaining qualified staff. The unemployment rate in Lassen County is 5.4% (December 2023) compared with the 5.1% unemployment rate of the state of California.
- The geography of Lassen County is a barrier to providing services, particularly in the remote areas of the region. During winter months, travel throughout the County is impacted by inclement weather, which frequently leads to significant highway delays or road closures. Lack of transportation is consistently listed as one of the main barriers clients face when seeking access to services.
- Small, rural counties have an increased potential for stigma, delaying people in need from engaging in services. Stigma regarding mental health and substance use disorders has been identified as a significant barrier in focus groups in Lassen County.

- LCBH is required to consistently gather and analyze data on a regular basis for Quality Improvement Project, Compliance, Performance Improvements Projects, etc. This is a consistent challenge for a small clinic with limited staff.
- Lassen County frequently experiences power outages ranging from a couple hours to several days. During these times it is hard for clients to access services, as well as challenging for staff to contact subcontractors, clients, and hospitals.



## Community Stakeholder Process

1. *Briefly describe the Community Program Planning (CPP) Process for development of all components included in the Two-Year Plan, FY 2024-2026. Include the methods used to obtain stakeholder input.*

Lassen County Behavioral Health (LCBH) is highly committed to including consumers and stakeholders throughout the county within all levels of the organization, as well as in the annual update stakeholder process. During Two-Year FY2024-2026 planning meeting, stakeholder meetings were attended by various county agencies, leaders, community members, consumers and their families.

During the months of January and February 2024 LCBH scheduled six (6) community forums across all geographic regions in the county to ensure consumer involvement, and one (1) provider meeting. The purpose was to have participants engage in conversation about programs they were familiar with and to encouraged participants to share experiences working or participating in such programs. Each community forum was to include a presentation of the current MHSAs programs, solicitation of stakeholder input into the three-year plan, review of proposed projects, an update on the implementation of the current Innovation project, and to discuss prevention early intervention options that were identified with department of health care services in the LCBH corrective action plan.

Additionally, LCBH engages stakeholders, provides information, and invites feedback about MHSAs programs throughout the year using regularly scheduled monthly Mental Health Advisory Board meetings to have community members discuss needs/gaps in the community.

Stakeholder attendance is documented on meeting sign-in sheets and consumer feedback forms indicate the representation of those community members as outlined in WIC 5848 and include underserved and unserved served populations. Significant focus on outreach to diverse stakeholders that represent the demographics of the County included clients with severe mental illness as well as other community groups. LCBH attends numerous health fairs and community education events in an effort to provide community education, offer information and connect individuals with Lassen County Behavioral Health. Outreach efforts also served to build contact lists used to distribute information about the Annual Update, community forums and regularly scheduled stakeholder meetings.

2. *Identify the stakeholders involved in the CPP process (e.g., agency affiliation, populations represented, ages, race/ethnicity, client/family member affiliation, primary languages spoken, etc.)*

Consumers, family members, partners, providers, staff and other stakeholders were invited to participate in six (6) open forums and one (1) provider meeting with question-and-answer sessions and completed written surveys in English. The sessions were in the months of January and February 2024. Participation was minimal to moderate. There was significant winter weather and a few dates needed to be rescheduled. Dates of the stakeholder meeting are below.

Location	Dates
Bieber, California	<ul style="list-style-type: none"> <li>• January 10, 2024 (rescheduled)</li> <li>• January 30, 2024</li> </ul>
Herlong, California	<ul style="list-style-type: none"> <li>• January 9, 2024</li> <li>• February 2, 2024</li> </ul>
Susanville, California	<ul style="list-style-type: none"> <li>• January 25, 2024 (morning, afternoon, and evening)</li> <li>• January 31, 2024 (Community Partners)</li> </ul>
Westwood, California	<ul style="list-style-type: none"> <li>• January 9, 2024 (rescheduled)</li> <li>• February 1, 2024</li> </ul>





*3. Describe methods used to circulate, for the purpose of public comment, the annual update. Provide information on the public hearing held by the local mental health board after the close of the 30 days.*

LCBH went out for stakeholders to gather community input on six (6) occasions with minimal to moderate participation from the community. Please see dates in chart on previous page for dates and times.

The MHSA FY2024-2026 TWO-YEAR PLAN was circulated using the following methods:

- Mental Health Board members were sent notice informing them of the start of the 30-day review and how to obtain a copy of the proposal.
  - The LCBH FY 2024-2026 two-year plan and expenditures are posted on the department's website [www.lassencounty.org/dept/behavioral-health/mental-health-services-act](http://www.lassencounty.org/dept/behavioral-health/mental-health-services-act)
  - Any feedback received during the 30-day Public Posting Period from 05-16-2024 through 06-16-2024, is included in this report.

The Public Hearing is scheduled to take place at the regularly scheduled Behavioral Health Advisory Board Meeting on 06-17-2024 which is held from 5:30 p.m. until 7 p.m. **Minutes to be attached.**

This plan reflects the deep commitment of LCBH leadership, staff, providers, consumers, family members, and other stakeholders to the meaningful participation of the community as a whole in designing MHSA programs that are wellness and recovery focused, client and family driven, culturally competent, integrated, and collaborative.

*4. If consolidating programs or eliminating a program/project, include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.*

LCBH decided due to the lack of interest and participation in the Early Newborn Observation program under Prevention and Early Intervention this program will not be offered in the upcoming 2024-2026 MHSA Two-Year plan. This was presented to stakeholders of the last two (2) FY 22/23 and 23/24.

LCBH had sent a case manager to an 18 month training program in order to implement this program in FY 19/20. The implementation of the program was postponed to the COVID-19 Pandemic and shelter in place restrictions. When the

restrictions decreased, LCBH staff went out to promote the program at other county agencies, child care facilities, and health clinics and received minimal to no interest in participating the in program.

LCBH has closed the wellness centers in the outlying areas due to not being able to recruit and retain staff. This was also discussed at the stakeholder meeting.

- 5. Include substantive recommendations received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the annual update that was circulated. Indicate if no substantive comments were received.*

During the 30-day Public Posting, LCBH did not receive any feedback from the community.

Board of Supervisor \_\_\_\_\_ adopted the MHSA TWO-YEAR PLAN FY2024-2026.



## MHSA Program Component

# COMMUNITY SERVICES AND SUPPORTS

1. *Provide a brief program description (must include number of clients served, age, race/ethnicity, and cost per person). Include achievements and notable performance outcomes.*

LCBH collaborates with consumers, providers and partners in the community to identify, prioritize and implement new and innovative services. In addition, LCBH Wellness Centers throughout the County through CSS Outreach and Engagement, System Development and Full-Service Partnership Services.

This Two-Year Plan outlines programs generated in collaboration with consumers, family members, and community partners for FY24/26. Lassen County programs and services will be provided under the following guiding principles:

- Services are consumer and family-centered and emphasize recovery and resiliency.
- Provide effective and respectful quality care and services that are responsive to the diverse cultural communities in the County, specifically continuing to expand services to underserved veterans, LGBTQIAS2+, unhoused/unsheltered populations, and older/adult populations.
- Utilize evidence-based treatment models when possible.
- Services will be transparent and the Agency will be accountable through the following methods: data collection; the use of validated tools; and reporting of outcomes to consumers and other interested stakeholders.
- Behavioral Health will leverage MHSA dollars. Many mental health consumers have public health benefits, such as Medi-Cal, which when matched with federal dollars allow us to serve more residents. We will also assist those with private insurance to link to services covered by their insurance.
- Continue to collaborate with public and private agencies across systems so that consumers and family members experience a more integrated and holistic service experience.

## **FULL-SERVICE PARTNERSHIP**

Full-Service Partnership (FSP) is a program that supports client engagement in recovery through the provision of comprehensive client-centered mental health and non-mental health services and supports focusing on recovery, wellness and resilience. Services are client and family driven, accessible, individualized, delivered in a culturally competent manner and focus on wellness, outcomes and accountability. An FSP is defined as a “collaborative relationship between the County and the client, and when appropriate the client’s family, through which the County plans for and provides the full spectrum of community services so that the client can achieve the identified goals.”

Services are tailored to a client’s ‘readiness for change’ and require a ‘whatever it takes’ philosophy. Whatever it takes may include the use of innovative approaches to service provision to engage clients, assess needs and strengths, and develop collaborative supports and services to foster recovery.

Individuals qualifying for Full Service Partnership may be identified through the CARE Court process. CARE Court can be initiated by family, county and community-based social services, behavioral health providers, or first responders. CARE Court connects a person struggling with untreated mental illness – and often also substance use challenges – with a court-ordered Care Plan for up to 24 months. Each plan is managed by a care team in the community and can include clinically prescribed, individualized interventions with several supportive services, medication, and a housing plan. The plan focuses on people with schizophrenia spectrum and other psychotic disorders, who may also have substance use challenges, and who lack medical decision-making capacity and advances an upstream diversion from more restrictive conservatorships or incarceration.

Individuals qualifying for Full Service Partnership must meet the eligibility criteria in WIC § 5600.3 (a) for children and youth or WIC § 5600.3(b) for adults and older adults at risk. In addition to meeting eligibility criteria as defined under WIC, MHSA specific criteria are as follows:

### Transition Age Youth (TAY) must be:

1. Unserved or underserved and one of the following:

- Homeless or at risk of becoming homeless
- Aging out of the child welfare system
- Aging out of the juvenile justice system
- Aging out of the child and youth mental health system

- At risk of involuntary hospitalization or institutionalization
- Involved in the criminal justice system
- Have experienced a first episode of serious mental illness

Adults (aged 18-64) must be:

1. Unserved and one of the following:

- Homeless or at risk of becoming homeless
- Involved in the criminal justice system
- Frequent users of hospital and/or emergency room services as a primary resource for mental health treatment

OR

2. Underserved and at risk of one of the following:

- Homelessness
- Involvement in the criminal justice system
- Institutionalization

Older adults (ages 64 and above) must be the following:

1. Unserved and one of the following:

- Experiencing a reduction in personal and/or community functioning
- Homeless
- At risk of becoming homeless
- At risk of becoming institutionalized
- At risk of out-of-home care
- At risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment

OR

2. Underserved and at risk of one of the following:

- Homelessness
- Institutionalization
- Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment
- Involvement in the criminal justice system

FSP eligible individuals may receive the full spectrum of services necessary to attain their treatment plan goals. Under the Full-Service Partnership agreement, services

deemed necessary by the client, and when appropriate the client's family, and the County to address unforeseen circumstances in the client's life are made available.

These services may include, but are not limited to:

- Mental health treatment organized around specific, individualized treatment plan goals
- Crisis intervention
- Supportive services to assist the client, and when appropriate the client's family, in obtaining and maintaining employment, housing, and/or education
- Wellness centers
- Case management support to assist client in accessing ancillary services

FSP eligible individuals may also receive non-mental health supportive services in order to advance the client's goals and achieve outcomes that support the client's recovery, wellness and resiliency. These services include but are not limited to:

- Clothing
- Food
- Funds to cover ancillary healthcare services
- Funds for the treatment of co-occurring disorders such as substance use disorders
- Housing, including, but not limited to, rent, subsidies, housing vouchers, house payments, residence in drug/alcohol rehabilitation program and transitional and temporary housing

### **Adult/Older Adult Full-Service Partnerships**

The practical application of "full service partnership" clients in Lassen County centers on intensive case management services. These services are client centered, strength based and driven by treatment plan goals developed collaboratively with the client, and if appropriate, his/her family, and take into account individual needs and interests. Goals reflect the belief that recovery can and does occur. Incorporated in treatment planning are objectives that focus on clients' eventual transition to lower levels of service and for many, a transition out of the mental health system to natural community supports. The services rendered are holistic, culturally competent; client centered, and may include medication management, primary care referral and support, individual and/or group therapy, case management, wellness and recovery skills building, and referral and linkage to community

MHSA funding used to purchase services or supplies deemed necessary for an FSP to meet their identified treatment plan goals. Services and supports funded under the MHSA program may include but are not limited to: emergency food, shelter or clothing, uncovered medical expenses (i.e. medications), rent, moving expenses, educational

expenses, household items, funding for dual diagnosis treatment, housing subsidies, residence in drug/alcohol rehabilitation programs and transitional housing. A revolving account has been established to assist with addressing identified emergencies or immediate FSP needs in a timely manner.

**Services in the Adult FSP program are provided by County staff and goals include:**

- Reduction in psychiatric hospitalization
- Clients maintained in the community
- Reduction in use of ER
- Reduction in incarcerations

**Outcomes measures will include:**

- Key Event Tracking (KET)
- Ongoing engagement in services
- Progress toward achieving treatment plan goals

**Number of clients served and cost:**

	FY 24/25	FY 25/26
<b>FSP Clients Served</b>	15	15
<b>Average Cost of FSP Client per Year</b>	16,000.00	17,500.00

**Youth and Family Full Service Partnerships**

The intent of the Youth and Family FSP program is to engage children/youth and their families in services that promote health and safety at home, in school and in the community. Services aimed at keeping families intact and avoiding restrictive and expensive placements, including hospitalization, incarceration and group home placement. These services are available to youth who are juvenile justice involved, at risk of

**Group 1:**

Because of a mental disorder, the child/youth has substantial impairment in at least two of these areas:

- Self-care
- School functioning
- Family relationships
- Ability to function in the community

And

Either of the following occur:

- The child/youth is at risk of or has already been removed from the home
- The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment

Group 2:

The child/youth displays at least one of the following features:

- Psychotic features
- Risk of suicide
- Risk of violence due to a mental disorder

Group 3:

The child/youth meets special education eligibility requirements under Chapter 26.5 of the Government Code. Transition Age Youth (TAY) between the ages of 16 and 25 years old, in addition to meeting the SED eligibility criteria, must meet all of the MHSA specific criteria referenced above in order to be eligible for FSP services. Referrals to the Family and Youth FSP program made by Behavioral Health clinicians and authorized by the Youth Team Supervisor. Children reviewed by the Service Allocation Team (the County's MDT for out of county placements) are given high priority access to this program.

FSP services for children and youth are collaborative in nature and include innovative approaches that are strength based, culturally competent, and tailored to address individual needs. Services are unconditional and highly coordinated. The child and youth FSP program integrate the Whole Health Action Management (WHAM) around principles including team-based decision-making, strength-based interventions, cultural competence, individualized plans, persistence and outcome-based strategies. Services for youth are family driven, collaborative and flexible. Each FSP child/youth and their family will work with the Behavioral Health Case Manager who will schedule and facilitate meetings and will provide intensive case management, be referred to Wrap around services for the family, which may include, but are not limited to, Intensive Care Coordination, Therapeutic Behavioral Services). Clinicians, extended family members, or others identified by the family, may also participate on family treatment teams.

Services and supports provided to children/youth who engage in FSP's may include but are not limited to the following:

- Community based services provided at home, in school and in the community
- Child/youth and family involvement in individualized treatment planning process

- Transportation
- Activities that facilitate the development of pro-social skills and build peer relationships
- Skill development training
- Evidence based treatment services when possible that support child/youth and family goals
- Linkage to family education services such as parenting classes and other classes offered through the local FRC

MHSA funding is available for non-mental health services and supports deemed necessary for the child/youth FSP to meet his/her individualized treatment plan goals. Flex funds utilized to promote family stabilization and may include, but are not limited to, the following:

- Emergency food, shelter and housing
- Educational supplies/expenses that promote academic success
- Recreational activities to support client progress toward treatment plan goals
- Uncovered mental health medical expenses
- Transportation costs
- Skill building activities
- Household expenses including purchase of household items and home improvement expenses that promote the likelihood of the child/youth residing in a safe living environment

**Services in the Child/Youth FSP program are provided by County staff and/or under contract and goals include:**

- Engage families in treatment
- Strengthen family unification and reunification
- Reduce out of home placements

**Outcome measures will include:**

- Child and Adolescent Needs and Strengths (CANS-CA-50)
- Out of home placements (days)
- Psychiatric hospitalizations (days)
- Incarcerations (days)
- Key Event Tracking (KET)

**Number of clients served and costs:**

1 children/youth and 2 Transitional Age Youth (TAY) were identified as FSP's in FY21/22. Enrollment in this program is based upon need, and it should be noted



Lassen County refers eligible child/youth and TAY FSP's to Wrap around. The WRAP around program provides services where many of our children and families participate in local services and resources instead of Full-Service partnerships.

	FY 24/25	FY 25/26
<b>FSP Youth Clients Served</b>	15	15
<b>Average Cost of FSP Youth Clients per Year</b>	\$12,000.00	\$12,00.00



**Community Services and Supports-Full Service Partnership**

**Status:**  New  Continuing

<b>Priority Population:</b>	<input checked="" type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+
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**Program Purpose & Description**

The FSP program is designed to expand mental health services and supports to severely mentally ill (SMI) residents of all ages, and to assist these residents in achieving their goals. Lassen County Behavioral Health staff members also serve as active partners in Multi-Disciplinary Teams (Service Allocation Team and Allocation Resource Team) in order to increase coordination of services across departments and jurisdictions and promote cross-disciplinary learning.

A team composed of LCBH clinical staff offers strength-based, client/family-directed, individualized mental health and WRAP around services, and supportive funding to children and youth with serious emotional disturbance (SED) who have experienced school disciplinary problems or academic failures, are in or at risk of out-of-home placement, or are at risk of involvement in juvenile justice; transitional age youth with SED who are at risk of or have juvenile justice involvement, co-occurring disorders, risk of homelessness, or involuntary hospitalization, or institutionalization; adults with SMI who are homeless or at risk of homelessness, have co-occurring substance use disorders, are involved in the criminal justice system, or have frequent hospitalization or use of emergency room services for psychiatric problems; and older adults with SMI who are homeless or at risk of homelessness, are frequent users of emergency psychiatric services or hospitalizations, have reduced functioning due to health problems, or are isolated or at risk of suicide.

**Program Evaluations and Participant Outcomes**

LCBH staff document when FSP clients enter the program, and track any significant changes and events clients experience, including housing, employment, and educational changes. This information is used to measure participant wellbeing and outcomes.

**Proposed Activities for FY 2024-2026**

The FSP program will continue to provide and expand mental health services and supports to SMI/SED residents of all ages, and to assist these residents in achieving their goals. LCBH staff will continue to serve as active partners on County Multi-Disciplinary Teams in order to increase coordination of services across departments and jurisdictions and promote cross-disciplinary learning.

**Program Challenges**

Lassen County is not equipped with the adequate resources to provide the necessary services required for adult and older adult FSPs. Those individuals that meet criteria for FSP services are receiving services and resources outside of Lassen County.

Lassen County is working in collaboration with community partners to provide supportive housing for eligible FSP individuals. Lassen County FSPs remain out of county due to the significant opposition on developing supportive housing from the community.

**Goals and Objectives**

<b>Goals</b>	The goal of the FSP program is to offer strength-based, client- and family-directed, individualized mental health and WRAP around services and funding to children and transitional age youth with SED, and to adults and older adults with SMI. FSP also aims to improve coordination of services across departments and jurisdictions, promote cross-disciplinary learning, and increase wellness, recovery, and resiliency among severely mentally ill residents.		
<b>Objective 1:</b>	Conduct outreach to SED/SMI residents and continue to enroll eligible residents. A log of outreach efforts will be kept.		
<b>Objective 2:</b>	Develop and administer client satisfaction questionnaires to establish baseline data regarding client satisfaction. Re-administer questionnaires on a quarterly/semi-annual basis to monitor outcomes and make data-driven program improvements.		
<b>Objective 3:</b>	Upon the development and implementation of supportive housing for eligible FSPs, LCBH will utilize the Daily Living Activities (DLA-20) Functional Assessment to monitor and measure outcomes of improved functionality.		
<b>Number to be served FY 2024-2026:</b>	<b>20</b>	<b>Proposed Budget FY 2024-2026:</b>	<b>\$400,000</b>
<b>Cost per Person FY 2024-2026:</b>	<b>\$20,000.00</b>	<b>Total Proposed Budget FY 2024-2026:</b>	<b>\$400,000</b>

		Raw Numbers - Baselines			
		19/20	20/21	21/22	22/23
<b>Crises</b>	ER Crises	126	148	144	148
	Non-ER Crises	212	150	119	141
	<b>Total Crises</b>	<b>338</b>	<b>298</b>	<b>263</b>	<b>289</b>
<b>Hospitalizations</b>	After Hours Responding	37	27	20	21
	Day Staff Responding	40	22	13	21
	Out of County	23	28	24	23
	<b>Total Hospitalizations</b>	<b>100</b>	<b>77</b>	<b>57</b>	<b>65</b>

# Outreach and Engagement Services

## Outreach and Engagement Project

In collaboration with Crossroads Ministries Homeless Shelter, Judy's House, LCBH Wellness Centers, and Social Services Housing Support, LCBH will engage Seriously Mentally Ill (SMI) individuals in the community for behavioral health support services. This project seeks to engage post-release adult and older adult offenders, homeless individuals/families, individuals with co-occurring issues who have been diagnosed with a severe mental illness or those who identify themselves as severely mentally ill by addressing barriers to service. This project also supports continued engagement in services as individual's transition into the community by providing seamless access to housing and BH support services at LCBH if such services are warranted. This project is not intended to serve incarcerated individuals or those on parole. As identified through the community planning process, the SMI population in Lassen County is historically unserved/underserved, at risk and faces many barriers to accessing services. Identified barriers include service location, housing, transportation, lack of benefits and service gaps. By providing psychiatric services at and linking participating individuals directly to BH services at LCBH, this project seeks to address barriers to service for this vulnerable population.

***Services in Outreach and Engagement Project are provided under contract.***

### **Goals include:**

- Reduced recidivism
- Reduction in psychiatric hospitalizations
- Reduction in ER visits

### **Outcome measures:**

- On-going engagement in treatment as measured by successful transitions into follow up care when necessary
- Reduced recidivism
- Reduced psychiatric hospitalizations (days)

## Co-Occurring Outreach and Engagement

The National Survey on Drug Use Health, approximately 7.4 million adults have a SMI and SUD. LCBH has an implemented co-occurring group to assist those diagnosed with co-occurring disorders. To ensure the continued growth and expansions of the co-occurring program funds will be utilized for training and curriculum. The cost of this program is estimated at \$15,000 per fiscal year.

**Homeless Outreach and Engagement**

Over the last few years stakeholders including business owners, law enforcement, city employees, Health and Social Services (HSS) staff and other concerned citizens have convened to discuss strategies to address homelessness in Lassen County. Though there has been some support in moving forward with housing initiatives, there has also been resistance from the community. LCBH will continue to assist homeless and unhoused individuals with linkage to services and resources by developing an outreach team of peers supports. The peer support outreach team will focus on the county’s outlying areas to meet the unserved and underserved, and increase community knowledge and awareness on risk and protective factors to prevent an increase in homelessness through community presentations and speaking engagements.

LCBH will continue to assist Lassen County Housing with their Point-In-Time (PIT) Data Count. The number of individuals reporting being homeless in Lassen County increased from 102 in 2022 to 134 in 2023.

**Total Homeless in Lassen County (2023): 134**

Homeless Profile	Total
Male	59
Female	48
Transgender	0
Questioning	0

Sheltered: 96  
Unsheltered: 38

Additional Demographics		% Total Lassen County
Chronically Homeless	19	14.17%
Veteran	5	3.73%
Domestic Violence Victim	15	11.19%
Felony Convictions	17	12.68%
COVID-19	1	.74%
Fire	7	11.11%
Family Break Up	11	8.95%
Drug Abuse	5	3.73%
Sudden Loss of Income	6	4.47%
Children Under 18	2	1.49%
Youth (18-24)	22	16.41%

\*Additional demographics provided are a subset of the total count and contain actual data collected by each county. Note: Respondents were not required to answer all survey questions. Respondents may be included in more than one subset. For example: A respondent may be a Veteran and may also be Chronically Homeless

With this information BH developed a homeless outreach committee that engages the homeless at Crossroads ministries Homeless Shelter. Each week an outreach booth is set up to provide information and education to this population. Data also illustrated the uniqueness of individuals; that services cannot be universal. They must be adaptive for age, family status, accompaniment status, chronic homelessness, veterans, addiction, physical and mental illness, family dynamic, safety, and community characteristics.

The County will work with this information to develop strategies to address the needs of this vulnerable population. The County will develop action/treatment plans outlining necessary interventions and support services.

**Goals include:**

- Increased referrals to Behavioral Health
- Increase transition to housing
- Support guests with linkage to other county resources
- Decrease use of ER
- Decrease law enforcement contact with mentally ill homeless individuals

**Outcome measures:**

- Decrease homelessness among mentally ill consumers
- Increase mental wellness
- Reduce isolation
- Increase self sufficiency
- Decrease stress

**Veterans, LGBTQIAS2+, Foster Youth, Transitional Age Youth, Outreach and Engagement**

Lassen County Behavioral Health has historically struggled to engage Veterans, lesbian, gay, bisexual, transgender, and/or queer/questioning, intersex, asexual, two-spirited (LGBTQIAS2+), foster youth exiting from the foster care system and transitional age youth into behavioral health services. Some have been identified through the community planning process as unserved/underserved severely mentally ill with limited access to Behavioral Health services. In an on-going effort to address disparities, Behavioral Health provides community-based Outreach and Engagement services targeting identified individuals living in isolated communities. Behavioral Health provides Outreach and Engagement services to this community including linkage and referral to appropriate resources such as wellness and recovery services, and as appropriate, behavioral health services.

The incidence of co-occurring disorders among these unserved and underserved is well recognized, and Lassen County has Behavioral Health staff qualified to work with individuals experiencing issues related to substance abuse and mental illness. Outreach and Engagement activities targeting unserved and underserved are provided throughout the County and include outreach and linkage to services for individuals suffering from mental illness and/or substance abuse, and coordination with other community providers to foster development of resources and supports for this growing population. The cost of this program is estimated at \$ 30,000 and includes staff time, outreach materials, food, travel and promotion of events per fiscal year.

**Goals include:**

- Increased referrals to Behavioral Health
- Increase transition to housing
- Support guests with linkage to other county resources
- Decrease use of ER
- Decrease law enforcement contact with mentally ill homeless individuals

**Outcome measures:**

- Decrease homelessness among mentally ill consumers
- Increase mental wellness
- Reduce isolation
- Increase self sufficiency
- Decrease stress



**Community Services and Supports-Outreach and Engagement**

Status:  New  Continuing

Priority Population:	<input checked="" type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+
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**Program Purpose & Description**

The Outreach and Engagement program identifies, educates, and supports individuals in need of mental health services, and serves to reduce stigma and barriers to participation in Behavioral Health services.

LCBH staff will continue to conduct outreach to Lassen County residents, provide a wide range of engagement activities, and facilitate transportation for residents in remote areas of the county when feasible. LCBH will continue efforts to reach geographically isolated Lassen residents, particularly through additional outreach in Termo, Ravendale, Spalding and Little Valley.

**Key Successes:**

LCBH staff, and Judy’s House staff conducted outreach through several key activities, including:

- Collaboration with Lassen County Veterans Services at the Wellness Centers
- Outreach at health fairs and community awareness events

**Proposed Activities for FY 2024-2026**

- Based on previous stakeholder input, behavioral health staff and community partners will focus on providing support to veteran, foster youth LGTBQIAS2+, seniors and transitional age youth. The focus of the outreach and engagement is to identify individuals and their families who have unmet mental health needs. The goal of this expansion is to move towards addressing this issue by providing culturally competent and appropriate services, to facilitate access to other programs, and improve individual outcomes of participants in services.
- In addition to continuing existing outreach and engagement activities, LCBH staff will improve communications about behavioral health services and programming, including updates to the LCBH website and brochures. Staff will also distribute programming calendars earlier, providing residents with more advance notice of program offerings, and will distribute door-to- door event reminders.
- LCBH will also track outreach and engagement efforts moving forward as a means of program evaluation. This will include tracking when events are held,



how many people are reached, and how many people are subsequently engaged in MHSA services.

**Program Challenges**

Transportation remains a barrier to engaging some stakeholders in behavioral health services and activities, particularly those from remote areas of Lassen County. Additional transportation options and/or program offerings in those communities would improve engagement in these remote regions of the county. Also, psychiatric services remain a barrier for many individuals. Some clients report telehealth is not always convenient or appropriate. Some Lassen County residents, that have Partnership Insurance are able to utilize the transportation services that Partnership offers its recipients, however partnership will not transport to outreach and engagement events and weather is still a barrier with it comes to transportation.

Transitional Age Youth are historically underserved populations. Outreach to this unique population requires a culturally sensitive approach to service provisions. In addition to utilizing a variety of age specific strategies.

Outreach activities were previously conducted in the outlying areas by the LCBH Wellness Centers. There have been significant challenges with obtaining and maintaining staff in the outlying areas for the LCBH Wellness Centers. Outreach efforts in the outlying areas will focus on where the community already gathers.

**Goals and Objectives**

<b>Goals</b>	The Outreach and Engagement program strives to identify individuals in need of behavioral health services and supports and link them to existing county services, including services at Behavioral Health and additional county service delivery locations, and to educate community members about available services and supports. The program also seeks to reduce stigma through education about mental illness and psychological wellness; improve relations between behavioral health providers, overlapping jurisdictions, and different cultures and communities; and reduce barriers to participation in Behavioral Health Services.
<b>Objective 1:</b>	Maintain a tracking log of outreach activities, including the number of outreach attempts, number of community members reached, and number of community members subsequently engaged in MHSA services.
<b>Objective 2:</b>	Conduct regular outreach in Susanville, Westwood, Fort Sage and Big Valley and enroll eligible participants. Maintain a log of outreach attempts and total reach in these regions.

<b>Objective 3:</b>	Update website, brochures, and flyers.		
<b>Number to be served FY 2024-2026:</b>	<b>2200</b>	<b>Proposed Budget FY 2024-2026:</b>	<b>\$154,000</b>
<b>Cost per Person FY 2024-2026:</b>	<b>\$70.00</b>	<b>Total Proposed Budget FY 2024-2026:</b>	<b>\$154,000</b>

### **CSS General System Development**

System Development strategies are funded by Community Services and Supports and include funding for Adult and Children's Systems of Care; transportation to ensure access to services for clients living in rural communities; enhanced services for clients in crisis; and the development of additional options for temporary housing. The MHSA Coordinator is funded through CSS and provides program oversight, develops innovative strategies to improve service delivery and assists with implementation of policies and procedures. The Coordinator also ensures data is collected and reported properly to the State in order to support measurable outcomes and accountability, and to identify areas where quality improvement is needed.

LCBH will continue to partner with the Lassen County Health Care Collaborative to identify efficient and cost-effective ways to provide access to physical and behavioral health care services, and to explore opportunities for health care integration. The Collaborative will meet monthly and LCBH will contribute \$1,000 annually to this membership to support organizational and facilitation activities. At this time meetings are currently held virtually.

LCBH strives to provide clinical services in outlying communities; however, limited human resources, distance, and the lack of adequate facilities in which to conduct treatment are among the challenges associated with providing healthcare in small, isolated communities. In an effort to facilitate access to necessary services, LCBH provides transportation to the Behavioral Health clinics. Transportation services have expanded to ensure all clients have access to care, and CSS General System Development funds are utilized to increase access through the purchase of bus passes for clients who wish to access services via public transportation. Client's that have Partnership are also able to utilize transportation services though there insurance to get to services.

General system development funds will also be utilized to support facilitation of integrated care projects piloted by the Behavioral Health Task Group. In the annual update, funds will support facilitation of the Behavioral Health Wellness project. The Behavioral Health Wellness team is comprised of law enforcement, Behavioral Health, Banner Hospital, Veteran Services, Northeastern Health Clinic, Lassen Community

College school personnel and others that identify individuals with unmet needs and collaborate to facilitate access to needed services. The anticipated cost of this program is \$3,000 and includes organization and facilitation of meetings, and data collection.

### **Peer Run Wellness Services**

Wellness Center programs across the California have been identified as playing a prominent role in promoting self-healing, resiliency and recovery for the seriously mentally ill. Wellness Centers provide a non-stigmatizing and welcoming setting where participants receive an array of services including life skills training, support groups, and social interaction. Organized around recovery and resiliency principles, wellness services include but are not limited to communication skills, physical health, social skills, self-advocacy, recreational activities, hobby development and healthy living activities.

LCBH Wellness Centers were implemented in Westwood, Herlong, and Big Valley. The Wellness Centers are staffed with Part-time Extra Help, and within those positions the staff will offer groups to the community, provide linkage to community agencies and various resources, and will serve all age populations. However, due to the inability to recruit and retain staff LCBH will redirect how we conduct outreach in the outlying areas.

Located in Susanville, Lassen County's most populous city, Judy's House Wellness Center is client driven, focused on peer support and aimed at promoting resiliency and recovery. Services are offered to anyone in the community but also target anyone with mental illness, older adults and families within a safe, caring and supportive environment where individuals can participate in activities that encourage recovery and resiliency. Judy's House offers a wide variety of support groups and activities for members to choose from. Judy's House staff will work on becoming certified peer supports in the FY24-26.

### **Wellness and Recovery services are provided under contract and program goals include:**

- Participant recovery and resiliency
- Increased engagement in mental health services

### **Outcome measures will include:**

- Client participation in Wellness Center activities
- Increased knowledge regarding mental health issues
- Increased ability to advocate for self/family member

**Number of clients served and cost:**

	FY 24/25	FY 25/26
<b>Peers Served</b>	350	400
<b>Cost per Person</b>	\$900.00	\$925.00

**Community Services and Supports-After Hour Wellness Center**

Status:	<input type="checkbox"/> New		<input checked="" type="checkbox"/> Continuing	
Priority Population:	<input type="checkbox"/> Children Ages 0 – 17	<input checked="" type="checkbox"/> Transitional Age Youth Ages 16 – 24	<input checked="" type="checkbox"/> Adult Ages 24 – 59	<input checked="" type="checkbox"/> Older Adult Ages 60+

**Program Purpose & Description**

Judy’s House is to provide a wide variety of skills and abilities and may include Certified Peer Counselors and volunteers. Individuals are greeted at the front door and encouraged to articulate their needs to staff who provide an atmosphere designed to assist them. Support is provided from a strengths-based perspective in line with the Recovery Model. The structure of the WRAP around services and Motivational Interviewing has been found to be helpful tools when used in the process of assisting individuals into services. Also, staff will assist the individual with linking to resources in the community (i.e. housing, food, medical care, etc.). Also provide a “warm line” for individuals who just want to talk via phone. If the needs of the individual require longer term stabilization or are too acute for the setting, staff have access to resources to rapidly transfer the individual to the appropriate type of care.

Judy’s house staff will engage in proactive case management, hospital discharge follow-up, peer support, and clinical care before, during and after a behavioral health issue. Although staffing levels may vary, each triage team consists of a program coordinator and two peer support counselors per shift (one peer will be available on-call). The peer supports provide assistance to urgent calls and will provide a warm line to the community and coordinate follow up linkage support. Peer support staff will, at minimum, reach out via telephone to each individual recovering from a crisis event to offer support and a face-to-face visit. For individuals who accept the face-to-face support, peer support will meet with them to assist with implementation of the self-care plan, identify and problem-solve any barriers to accessing outpatient services and other recovery supports, and facilitate the linkages and warm handoff to ongoing service providers. Peer support provide follow-up support by linking individuals to care, and in pre-crisis, early intervention, and urgent response situations. Peer support will provide individual mentorship, case management, and

follow-up support to clients, as well as aid in “warm handoffs” for individuals in inpatient psychiatric treatment.

Judy’s house can also provide food and temporary housing vouchers to individuals in need. For example, an individual needs a motel room as an alternative to going to the jail or the ER.

Staffing Structure: Judy’s House staff will be available seven days a week from 4:00pm - 8:00am where peers and volunteers are available to provide outreach and crisis services to individuals in need. According to the “Community Needs Assessment” this was the time many individuals go into crisis and many of the traditional programs are closed or not available to provide services. Law enforcement stated a need for more behavioral health services during that time.

**Key Successes:**

- Decrease in the number of after-hour hospitalizations

**Proposed Activities for FY 2024-2026**

- 500 individuals will be served per year.
- Assist unserved and underserved individuals seek access to BH services.
- Participate in community outreach activities

**Program Challenges**

- None at this time

**Goals and Objectives**

<b>Goals</b>	To prevent individuals from going into the psychiatric hospital, for being homeless or going to jail.
<b>Objective 1:</b>	Decrease non-emergency crises by increasing the number of triage responses to crises that do not meet the 5150 by 5% from FY20/21.
<b>Objective 2:</b>	Continue decrease of after-hours psychiatric hospital admissions.
<b>Objective 3:</b>	Decrease number of residents with mental health and/or substance abuse issues using the Emergency Department (ED) by 10% from baseline (FY20/21 and FY21/22) to Year 1, 15% from baseline to Year 2, and 20% from baseline to Year 3.

<b>Number to be served FY 2024-2026:</b>	<b>2000</b>	<b>Proposed Budget FY 2024-2026:</b>	<b>Estimated \$1.4 Million</b>
<b>Cost per Person FY 2024-2026:</b>	<b>\$700.00</b>	<b>Total Proposed Budget FY 2024-2026:</b>	<b>\$1.4 Million</b>

## MHSA Program Component PREVENTION AND EARLY INTERVENTION

1. *Provide a brief program description (must include number of clients served, age, race/ethnicity, cost per person). Include achievements and notable performance outcomes.*

Prevention and early intervention programs bring mental health awareness into the lives of all members of the community through public education initiatives and community dialogue. These programs facilitate access to services and supports at the earliest sign of mental health problems, and build upon existing capacity to increase intervention services at sites frequently visited for other routine activities, e.g. health care clinics, educational facilities, community organizations, and wellness centers. Lassen County Behavioral Health strives to meet the intent of Prevention and Early Intervention, as well as stigma and discrimination reduction with the follow programs:

### **Mental Health First Aid and Youth Mental Health First Aid**

LCBH will continue to partner with Plumas Rural Service in providing Mental Health First Aid (MHFA) and Youth MHFA trainings to Lassen County residence. Training will focus on educating first responders, medical professionals, teachers, law enforcement, Wellness Center staff, Judy's House staff, and others to recognize the early signs of potentially severe and disabling mental illness, and to provide support and/or referrals for individuals who require treatment to appropriate services. The trainings are being offered in Lassen County, Plumas County, Modoc County, Sierra County and virtually.

#### Objective:

Provide MHFA and Youth MHFA trainings to 250 Lassen County, offer the training at least twice a year during FY 24-26.

#### Target audience:

- Teachers and educators
- Organizational providers
- EMTs and primary care providers
- Contractors
- Law enforcement
- Veterans
- Peer Supports and Volunteers



	FY 24/25	FY 25/26
<b>Number of trainees</b>	125	125
<b>Cost of training per year</b>	\$7500	\$7500

**Suicide Prevention**

LCBH will offer a minimum of two SafeTALK/ASSIST or other Suicide prevention trainings in collaboration with Plumas Rural Services to providers and partners in Lassen and neighboring counties. Trainings may be provided by agency and/or contracted staff, at a cost of approximately \$7,500 per fiscal year. Cost includes time, food, and materials.

	FY 24/25	FY 25/26
<b>Number of Individuals Trained</b>	50	50
<b>Cost of training per year</b>	\$7500	\$7500

**Community Health Fairs**

LCBH staff will participate in several annual Health and Wellness Fairs throughout the County; as well as hosting a couple of health fairs during the last three-year plan. Future health fair events will continue to provide various community events with information regarding mental health and substance use services was distributed at a cost of approximately \$5000.00 per event. Cost includes staff time, food, and materials.

	FY 24/25	FY 25/26
<b>Number of Events</b>	10	10
<b>Cost for Health Fair Events</b>	\$50,000	\$50,000

**Stigma and Discrimination Reduction**

LCBH is committed to reducing Stigma and Discrimination surrounding mental health issues. On-going efforts include distribution of stigma and discrimination reduction materials through social marketing, newspaper ads/inserts and other outreach material such as pens, bags, posters and flyers offered through the “Each Mind Matters” statewide campaign. LCBH continues to provide stigma and discrimination reduction activities to middle and high school age youth through presentations in conjunction with the SUD prevention program. Also focused on the TAY population 16-24 years old.

	FY 24/25	FY 25/26
<b>Campaigns/Engagement Activities</b>	15	15
<b>Cost per</b>	\$8500	\$8500

**Adult Programs**

LCBH adult programs are to provide family skills in order to reduce problem behaviors, and improve protective factors of the family unit. Presentations will be made for parents and caregivers at various community gatherings, trainings, and events focusing on parents and/or children. These settings may include but are not limited to Parent Teacher and Student meetings, childcare facilities, and community conferences.

Lassen County local Head Start program hosts an annual Family Connections Conference. The Family Connection Conference is a workshop for anyone that play a caregiver type role to help build resiliency.

Eligibility criteria: Families and/or individuals impacted by the effects of mental illness

Program goals include:

- Improve parenting skills
- Improve social competencies
- Improve school performance
- Decrease drug and alcohol abuse

Outcome measures will include:

- Pre and post class survey
- Printed material provided
- Number of individuals reached

Number of clients served and cost:



- The estimated cost for this program is \$8,000 and will reach 500 individuals per fiscal year.

Negative outcomes addressed:

- School failure or dropout
- Removal of children from their homes
- Incarcerations
- Prolonged suffering
- Isolation
- Unemployment

	FY 24/25	FY 25/26
<b>Engagement Activities</b>	5	5
<b>Cost per year</b>	\$8000	\$8000

**Youth Programs**

LCBH offers Prevention programs targeting children, youth, and the TAY population. LCBH participates in mental health awareness activities with the Direct Change California program. LCBH also offer youth programs such as Botvin Life Skills and Friday Night Live, evidence-based with a strengths-based perspective to foster positive connections and promote personal and collective strength and confidence in participating youth. These programs have demonstrated efficacy in reducing delinquency and recidivism rates and increasing educational aspiration and school engagement for all youth. An array of other community or practice-based programs may be offered by several contractors in the County.

LCBH currently send out staff to numerous schools to promote prevention and education. Staff are trained to engage youth before they develop a serious mental health disorder. Cost includes staff time, travel, incidentals, food, promotional material, and brochures.

**Youth ages 8-20.**

Youth Program goals include:

- Increased communication skills
- Increased school engagement
- Reduced delinquency
- Increased resiliency

Outcome measures will include:

- Pre and post test

Negative outcomes addressed:

- Suicide
- School failure or dropout
- Removal of children from their homes
- Juvenile Justice involvement

Number of clients served and cost:

Youth programs will serve approximately 400 youth at \$7,500 each per fiscal year.

	FY 24/25	FY 25/26
<b>Number of Youth Engaged</b>	400	400
<b>Cost per year</b>	\$7500	\$7500

**Phase III PEI Project**

Lassen County will collaborate with other California counties to the state-wide Phase III PEI Project. The goal of this project is to develop strategies that result in larger social impacts (e.g., changing attitudes, increasing knowledge, and modifying behaviors around mental health issues), implementing programs that benefit counties regionally and statewide, and procuring resources at lower cost (e.g., cost efficiencies). Lassen County residents continue to benefit from the resources provided through this initiative including the Each Mind Matters Campaign. LCBH will contribute \$25,000 to this effort in FY24/25, and FY25/26.

**NOTE: Lassen County has a population of less than 100,000, LCBH is opting out the requirement from the DHCS to have at least one PEI Program.**

**Lassen County has a population of less than 100,000, LCBH is combining/integrating early intervention programs, outreach for increasing recognition of early signs of mental illness programs, prevention programs, access and linkage to treatment programs, and stigma and discrimination reduction program.**

**Lassen County has a population of less than 100,000, LCBH is opting out of the requirement to use at least 51% of PEI funds for populations 25 years and under.**

## **Innovations**

**Lassen County does not have a current Innovation Plan. Innovation plan was completed two years ago.**

## **Capital Facilities**

**All of these projects have been completed and LCBH has exhausted all Capital Facility Funding in FY19/20.**

## **Workforce, Education and Training**

**LCBH is recommending the discontinuance WET since all funding has been fully expended since 2015.**

## **MHSA Housing**

LCBH established an MOU with Lassen Community Social Services in FY21/22 for the express purpose of a one-time transfer of \$424,744.33. These funds are to be use to provide permanent supportive housing to Behavioral Health Clients and used for the purpose of developing permanent supportive housing for persons with serious mental illness who are homeless, or at risk of homelessness and who meet the target population. LCBH continues to participate with Lassen County Housing Department on developing permanent supportive housing in the County.

**Attachment 1**

BOS MINUTES WHEN APPROVED

**Attachment 2**

Lassen County Behavioral Health  
Mental Health Services Act (MHSA)

**COMMUNITY PLANNING  
MEETINGS**

**For the Fiscal Years  
2022-2023 & 2023-2024  
Annual Updates  
&  
2024-2027 Three Year Plan**

**About The Event:**

The Mental Health Service Act stakeholder process is an ongoing planning collaborative consisting of community partners, consumers, parents, advocates and family members. This group of stakeholders is essential in creating and developing substantive plans and providing input into the Strategic Prevention Plan. The venue is an open public forum held at the dates and times listed. Refreshments will be provided. Please call if childcare is needed.

**Community participation is very much encouraged.**

**Topics Include:**

- California Advancing and Innovating Medi-Cal (CalAIM)
- Housing/Homeless
- Mobile Crisis
- Expansion of MHSA Funding (Prop 1)
- Evidence Based Practices
- Care Court (SB 1338)
- And more...

**More Information**

For additional information, please contact Nichole Bond at Lassen County Behavioral Health at 530-251-8457.

Si tiene interés en asistir a una de las juntas y necesita un intérprete, favor de comunicarse con nuestra oficina 530-251-8108.

**Jan. 9, 2024**

**3:00PM**

Skedaddle Inn  
144 Susanville Rd.  
Bldg. 144  
Herlong, CA  
96113

**Jan. 10, 2024**

**1:30PM**

Big Valley Joint  
Unified School  
District  
400 Bridge St.  
Bieber CA  
96009

**Jan. 11, 2024**

**3:00PM**

Westwood Wellness  
Center  
463-975 Birch St.  
Westwood CA  
96137

**Jan. 24, 2024**

**10:00AM,  
2:00PM, &  
6:00PM**

Monticola Club House  
140 S. Lassen St.  
Susanville CA 96130



Lassen County Behavioral Health  
Mental Health Services Act (MHSA)

# COMMUNITY PLANNING MEETINGS

## For the Fiscal Years 2022-2023 & 2023-2024 Annual Updates & 2024-2027 Three Year Plan

**Feb. 2, 2024**

**3:00PM**

Fort Sage Wellness  
Center  
100 Tamarack St.  
Herlong, CA  
96113

**Jan. 30, 2024**

**1:00PM**

Big Valley Health  
Center  
554-850  
Medical Center  
Drive.  
Bieber CA  
96009

**Feb. 1, 2024**

**3:00PM**

Westwood Wellness  
Center  
463-975 Birch St.  
Westwood CA  
96137

**Jan. 25, 2024**

**10:00AM,  
2:00PM, &  
6:00PM**

Monticola Club  
House  
140 S. Lassen St.  
Susanville CA 96130

### About the Event:

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**Community participation is very much encouraged.**

### Topics include:

- California Advancing and Innovating Medi-Cal (CalAIM)
- Housing/Homeless
- Mobile Crisis
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- And more...

### More Information

For additional information, please contact Nichole Bond at Lassen County Behavioral Health at 530-251-8457.

Si tiene interés en asistir a una de las juntas y necesita un intérprete, favor de comunicarse con nuestra oficina 530-251-8108.

**Attachment 3**



**LASSEN COUNTY**  
**Health and Social Services Agency**

- HSS Administration**  
1345 Paul Bunyan Road, Ste B  
Susanville, CA 96130  
(530) 251 - 8128
- Public Guardian/Administrator**  
1345 Paul Bunyan Road, Ste B  
Susanville, CA 96130  
(530) 251 - 8337
- Housing & Grants**  
1445 Paul Bunyan Road, Ste B  
Susanville, CA 96130  
(530) 251 - 8309
- Behavioral Health**  
555 Hospital Lane  
Susanville, CA 96130  
(530) 251 - 8108
- Public Health**  
1445 Paul Bunyan Road, Ste B  
Susanville, CA 96130  
(530) 251 - 8183
- Community Social Services**  
1400 Chestnut Street, Ste A  
Susanville, CA 96130  
  
**LassenWORKS**  
1616 Chestnut Street  
Susanville, CA 96130  
(530) 251 - 8152
- Child & Family Services**  
1600 Chestnut Street  
Susanville, CA 96130  
(530) 251 - 8277
- Adult Services**  
1400 Chestnut Street, Ste B  
Susanville, CA 96130  
(530) 251 - 8158
- Family Solutions/Wraparound**  
1400 Chestnut Street, Ste C  
Susanville, California 96130  
(530) 251 - 8340

**Mailing Address:**  
PO Box 1180  
Susanville, California 96130

January 3, 2024

Dear: *Lassen County Providers*

Lassen County Behavioral Health is currently conducting a Behavioral Health Needs Assessment to determine the current behavioral health needs of the community. Our end goal is to ensure the community's behavioral health needs are being met, with special attention to uninsured and underserved populations.

We would personally like to invite you, or someone from your organization, to take part in this worthwhile forum by participating in a discussion as a member of our community. We will utilize the community partner's feedback to identify and understand unmet community needs.

Your input is important and essential in creating and developing the Mental Health Services Act (MHSA) substantive plans and providing input into the Strategic Prevention Plan. Your participation would be greatly appreciated, not only providing valuable input, but in giving a voice to the populations whom you are engaged.

The forum will be held on Wednesday January 31, 2024 from 5:30 pm-7:00 pm at Diamond Mountain Casino 900 Skyline Drive, Susanville, CA. Dinner will be provided. Please RSVP to Nichole Bond 530-251-8457 or nbond@co.lassen.ca.us no later than January 22, 2024. If you cannot attend the meeting but would like to participate, please call and a survey will be mailed to you.

If you have any questions or comments, please feel free to call.

Sincerely,

Nichole Bond  
Program Manager  
Lassen County Behavioral Health



**Attachment 4**

Lassen County Mental Health Services Act:  
2022-2023 Annual Update  
2023-2024 Annual Update  
2024-2027 Three Year Plan

[Presentation slides begin on next page]